

RETURN FORM TO: Schoharie County Emergency Management Office
Special Needs Registry
PO Box 690
Schoharie, NY 12157

PEOPLE WITH SPECIAL CARE NEEDS VOLUNTARY REGISTRATION

(This information is being compiled by Schoharie County to assist special care needs residents in an emergency)

Name _____ Age _____ Weight _____

Physical Address _____

Village or Town _____ Zip _____ Phone _____

TDD/TDY (for hearing impaired) Yes ☐ No ☐

Mailing Address (if different from above) _____

Primary Language _____

Person to Contact in an Emergency _____

Home Phone _____ Work Phone _____ Cell Phone _____

Medical Information

(To be used for Transportation and Sheltering Purposes)

Check applicable medical conditions:

- Can walk unassisted ☐
- Walk with: Walker ☐ Cane ☐
- Use Wheelchair ☐
- Am Bedridden ☐
- Hearing-impaired ☐
- Legally Blind ☐
- Speech-impaired ☐
- Contagious Disease ☐
- Specify other limitations _____
- _____
- _____

Check any of the following you require:

- Respirator ☐ Dialysis ☐
- Insulin ☐ IV Fluids ☐
- Feeding Tube ☐ Suction Unit ☐
- Other Special Medications ☐
- Special Diet ☐

If yes, what type? _____

I require a 24-hr caregiver ☐

I require Oxygen ☐

I have an oxygen machine ☐

I have a portable oxygen tank ☐

I subscribe to Lifeline ☐

Primary Physician _____ Phone _____

Home Health Care Provider _____ Phone _____

Pharmacist _____ Phone _____

(over)

Evacuation Requirements

If I have to evacuate I will go to: Family ☐ Friend ☐ Shelter ☐

Name _____ Phone _____

Can you get to an evacuation shelter without outside help? Yes ☐ No ☐

Will a caregiver accompany you to the evacuation shelter? Yes ☐ No ☐

If no, check the appropriate transportation type needed:

☐ Standard vehicle (car, bus) ☐ Wheelchair Capable ☐ Ambulance

FIRE DISTRICT (if known): _____

Pets

Do you have pets? Yes ☐ No ☐

Type: Cat ☐ Dog ☐ Bird ☐ Other ☐

Do you have arrangements for your pet(s) to be cared for by someone else in the event you need to evacuate? Yes ☐ No ☐

Will your pet(s) need to be evacuated and sheltered? Yes ☐ No ☐

I certify the above information is correct. I hereby grant permission to Schoharie County Emergency Management to release this information to other emergency response agencies for evacuation and sheltering purposes only.

Signed _____ Date _____

RETURN FORM TO: **Schoharie County Emergency Management Office**
Special Needs Registry
PO Box 690
Schoharie, NY 12157

-----Do Not Write Below This Line-----

Schoharie County Emergency Management Office
Special Needs Registry
PO Box 690
Schoharie, NY 12157

For Emergency Management Use Only
SNR File# _____
Registration Date _____
Revision Date _____

ADVANCE PLANNING IS THE BEST WAY TO HELP YOURSELF!